TOWN OF PITTSBORO PLANNING DEPARTMENT

287 East Street, Suite 221-A, Pittsboro, NC 27312 • (919) 533-5480



☐ Yes

□ No

ANNEXATION PETITION APPLICATION

APPLICATION REQUIREMENTS

•	on Petition Application xation plat prepared by a surveyor (PDF)	annexation areaIf declaring veste	annexation area (PDF)		
PROPERTY	OWNER INFORMATION	APPLICANT IN	FORMATION (IF DIFFERENT)		
Property Owner(s):		Applicant Name(s):			
Address:		Address:			
Phone:		Phone:			
Email:		Email:			
PLAT AND PARCEL DETAILS					
Parcel Identification Numbers (PIDs):					
Total Acreage and Zoning District:					
Current Land Use(s):					
Is the property proposed for annexation adjacent to Town limits (i.e., contiguous)?					
If not, include the distance from the property to the Town limits.					
DECLARATION OF VESTED RIGHTS					
The North Carolina General Statutes require those petitioning for annexation to file a signed statement regarding vested rights. The statement must declare whether vested rights have been established in accordance with NC GS § 160D-108 and NC GS § 160D-108.1 for the properties subject to said annexation petition.					
Failure to declare such rights on this petition shall result in the termination of vested rights previously					

Updated February 15, 2023

Do you declare such vested rights for the properties subject to this annexation petition? If

yes, please enclose proof that vested rights have been granted by a governing board.

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SIGNATURE				
We the undersigned owners of real property respectfully request that the area described in this petition be annexed into the Town of Pittsboro.				
Property Owner or Entity Name (Printed)	Signature	Date		
Property Owner or Entity Name (Printed)	Signature	Date		
Property Owner or Entity Name (Printed)	Signature	Date		
Property Owner or Entity Name (Printed)	Signature	Date		
Property Owner or Entity Name (Printed)	Signature	Date		
Property Owner or Entity Name (Printed)	Signature	Date		
NOTARIZATION (REQUIRED WHEN PROPERTIES ARE OWNED BY A CORPORATION)				
County of, North Carolina I, a Notary Public of the aforesaid County and State, certify that personally appeared before me this day and acknowledged the execution of the foregoing certificate. Witness my hand and seal this day of, 20				
Notary Name (Printed)	Notary Signature	. Date		
My commission expires on		EAL		

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